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Original Article

Misalignments in the construction of occupational-therapeutic work in social assistance with persons with disabilities

Desencontros para a construção do trabalho terapêutico-ocupacional na assistência social com pessoas com deficiência

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Abstract

It is necessary to debate the parameters that guide the practice of occupational therapists within the Unified Social Assistance System (SUAS), given that the social assistance is the second public policy field that most incorporates this professional category into its professional staff, especially regarding work involving persons with disabilities. This study aimed to understand the work processes and to reflect on the role of occupational therapists within this policy, with an emphasis on the population with disabilities. To that end, partial results from a doctoral research project were analyzed, focusing on interviews conducted with six occupational therapists working in SUAS in the state of Rio de Janeiro, Brazil, who were employed in *Centros-dia*. When examining the professionals' work processes, a consensus emerged around the focus on promoting individuals' independence and autonomy, with emphasis on Activities of Daily Living. However, a difficulty was observed in overcoming the tendency to interpret the needs of the individuals from a rehabilitation perspective. On the other hand, it was found that the very documents that guide social assistance policy create gaps that allow for such interpretations and actions. Nevertheless, it is argued that professionals should become familiar with the theoretical-methodological and legal debates of both social assistance and social occupational therapy. In this regard, it is believed that the more occupational therapists are embedded in this theoretical and practical framework, the greater the promotion of "encounters," aligning their work with the principles of this public policy.

Keywords: Occupational Therapy, Social Support, Professional Training, Professional Practice.

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Resumo

É necessário o debate sobre os parâmetros que orientam a atuação dos terapeutas ocupacionais no Sistema Único de Assistência Social (SUAS), uma vez que a assistência social é a segunda política pública que mais integra essa categoria em seu quadro técnico, especialmente no que diz respeito ao trabalho com pessoas com deficiência. O objetivo deste estudo foi conhecer os processos de trabalho e problematizar a atuação dos terapeutas ocupacionais nessa política, com ênfase em pessoas com deficiência. Para tanto, foram analisados resultados parciais de uma pesquisa de doutorado, focando nas entrevistas realizadas com seis terapeutas ocupacionais atuantes no SUAS, no estado do Rio de Janeiro, Brasil, que trabalhavam em Centros-dia. Ao investigar os processos de trabalho das profissionais, verificou-se um consenso quanto ao foco na promoção da independência e autonomia das pessoas, com ênfase nas atividades de vida diária, observando-se uma dificuldade em superar a tendência de interpretar as demandas dos sujeitos sob a ótica da reabilitação. Por outro lado, constatou-se que os próprios documentos orientadores da política de assistência social abrem brechas para que essas leituras e ações ocorram. Defende-se, contudo, que os profissionais se familiarizem com os debates teórico-metodológicos e legais da assistência social e da terapia ocupacional social. Nesse sentido, acredita-se que quanto mais os terapeutas ocupacionais estiverem inseridos nesse escopo teórico e prático, maior será a promoção de "encontros", alinhando seu trabalho com os princípios dessa política pública.

Palavras-chave: Terapia Ocupacional, Assistência Social, Formação Profissional, Prática Profissional.

Introduction

With the 1988 Constitution, social assistance became a right of the population and a duty of the State (Brasil, 1988). Since then, several legal and regulatory frameworks have shaped this policy, such as the Organic Law of Social Assistance (LOAS), enacted in 1993; the National Social Assistance Policy (PNAS), published in 1998 and updated in 2004; the Basic Operational Norm (NOB/SUAS) from 2005, revised in 2012, which regulates the Unified Social Assistance System (SUAS); and the National Typification of Socio-assistance Services from 2009, updated in 2014, which organizes the levels of complexity of SUAS (Brasil, 1993, 2004, 2009a, 2012).

SUAS organizes its services into two levels of complexity: Basic Social Protection (*Proteção Social Básica* – PSB) and Special Social Protection (*Proteção Social Especial* – PSE) (Brasil, 2004). PSB aims to prevent social risks and strengthen family and community bonds, using the Social Assistance Reference Centers (*Centros de Referência de Assistência Social* – CRAS) as a reference (Brasil, 2009a). PSE, divided into medium and high complexity, relies on the Specialized Social Assistance Reference Centers (*Centros de Referência Especializados de Assistência Social* – CREAS) to assist families and individuals whose rights have been violated. The distinction between medium and high complexity lies in the presence or absence of family and/or community bonds, which are broken in cases of high complexity (Brasil, 2009a).

Among the socio-assistance services specifically targeting persons with disabilities, the following stand out: the Basic Social Protection Home Service for Persons with

Disabilities and Older People (*Serviço de Proteção Social Básica no Domicílio para Pessoa com Deficiência e Idosas* – SPSBDPDI), the Special Social Protection Service for Persons with Disabilities, Older People, and Their Families (*Serviço de Proteção Social Especial para Pessoas com Deficiência, Idosas e suas Famílias* – SPSEPDIF), and the Inclusive Residences (*Residências Inclusivas*) (Brasil, 2009a). SPSBDPDI, linked to PSB, aims to prevent the rupture of bonds, promote social inclusion, habilitation and rehabilitation, foster autonomy, and prevent isolation, by coordinating social policies and access to public and community resources (Brasil, 2009a).

SPSEPDIF, a medium-complexity PSE service, supports persons with disabilities and older people in situations of dependency and rights violations, fostering group interaction, strengthening bonds, supporting family caregivers, and promoting access to assistive technologies (Brasil, 2009a). Inclusive Residences, which are high-complexity PSE facilities, provide institutional shelter to persons with disabilities whose family bonds have been severed or weakened, promoting autonomy, social inclusion, and adaptive capacities for everyday life (Brasil, 2009a).

It is worth noting that, according to the Basic Operational Norm on Human Resources of SUAS (NOB-RH/SUAS), occupational therapy is one of the professions that may preferably be included in both technical teams and management—not only in services focused on persons with disabilities but throughout the entire SUAS network (Brasil, 2011a).

Conceptions of Disability and the Management of Social Assistance for this Population

The transition from feudalism to capitalism brought about the need to control the labor force. In this process, a typology of social regulation was established based on the relationship between social assistance and labor. This typology delineated two profiles of social groups, treated differently depending on their ability to work. The first group comprised the so-called able-bodied poor (also seen as vagrants), meaning those considered capable of working; and the second group included the non-able-bodied poor (older people, orphans, persons with disabilities, etc.), who, by being unable to work and sharing the fact that they could not meet their basic needs independently, were exempt from this obligation and deemed worthy of assistance (Castel, 2012).

Rooted in moral and religious values, the earliest forms of assistance for persons with disabilities were characterized by segregation in institutions that served as shelters, providing food, medication, and activities to occupy the idle time of their residents (Fonseca, 2013). Such actions stemmed from a perception of poverty and disability as a personal dysfunction, in which:

> Disability […] has historically been studied and conceived as a personal phenomenon, turning the individual's life story into the story of their disability, without establishing any relation to the exclusion–participation process of the working classes inherent to capitalist development (Bueno, 1993, p. 138).

In Brazil, this religious and charitable model shaped the pattern of assistance for persons with disabilities from the colonial period to the early republic, with the *Santas Casas de Misericórdia* as the main institutions providing assistance in the name of

Christian charity and spiritual duty (Bueno, 1993). Thus, under this model, assistance for persons with disabilities was not based on a rights perspective but on the logic of beneficence and charity in response to what was considered a personal tragedy.

With the development of the capitalist mode of production, and as a discursive formation from the 18th century onward, a standardization of normal and pathological bodies was defined, determined by functionality and productive capacity (Bizzotto, 2019; Cunha, 2021). In this context, disability remained relegated to the realm of the body and disease, with assistance structured around the logic of treatment—concepts with a strong pathological character—becoming the target of scientific method.

This is the biomedical model, which defines ways of intervening with persons with disabilities by focusing on the habilitation and rehabilitation of a body considered pathological and in need of cure. Consequently, the injury is fixed as a natural disadvantage of the individual, and unless the person is adjusted according to normalizing power, their social participation is not guaranteed (Bizzotto, 2019; Cunha, 2021).

In the Brazilian context, the First Republic marked a transitional phase from a model of assistance based on Christian charity to a philanthropic model grounded in scientific and biomedical rationality. During this period, in the realm of Brazilian social assistance, the National Social Service Council (*Conselho Nacional de Serviço Social* – CNSS) was established as the first major regulatory body in the field. Its main role was to assess and allocate financial resources to civil society organizations that provided social support, many of which focused on persons with disabilities (Fonseca, 2013).

Thus, within the conservative political and cultural framework of Brazil, social assistance was also structured around the duality of labor–non-labor. Historically, the State assumed responsibility for some protective initiatives aimed at formal workers in economically strategic sectors, while philanthropy, charity, and beneficence were entrusted with the responsibility for assisting those excluded from the labor market—especially children, women, older people who were not contributors to the public fund, and persons with disabilities (Bezerra, 2023). Since then, the relationship between social assistance and persons with disabilities and the response to their social needs have been mediated by philanthropic entities.

In the 1940s, with the creation of the Brazilian Legion of Assistance (*Legião Brasileira de Assistência* – LBA), persons with disabilities, still considered unable to work, began to receive support from a public agency linked to government action, often identified with terms such as welfare and social promotion and assistance. Referred to as "exceptional," persons with physical, mental, sensory, congenital, or acquired disabilities received assistance from the LBA, which conducted rehabilitation programs aimed at "the needy with physical and mental defects," reinforcing the association between disability and poverty, a hallmark of social assistance (Sposati et al., 2008). The LBA provided donations of equipment such as wheelchairs, prosthetic limbs, and hearing aids. From 1977 onward, it began funding rehabilitation services and launched programs such as Prevention and Early Stimulation, Habilitation and Rehabilitation, and Behavioral Disorders (Fonseca, 2013).

Fonseca (2013) highlights that these actions, focused on the rehabilitation of persons with disabilities within social assistance services, already revealed the overlap of practices that should fall under the health policy domain but, being directed toward impoverished populations, were incorporated into social assistance.

With the 1988 Constitution, social assistance was elevated to the status of a right, formally overcoming the assistentialist and charitable nature historically linked to philanthropy (Brasil, 2004). Regarding persons with disabilities, the 1988 Constitution guaranteed the principle of equality, ensuring rights not only in social assistance but also in employment, education, and health (Fonseca, 2013).

Following the enactment of LOAS, social assistance was consolidated as a public policy, defining actions for persons with disabilities, including habilitation, rehabilitation, community integration, and the Continuous Cash Benefit (*Benefício de Prestação Continuada* – BPC). This law defined a person with a disability (then referred to as disability bearer – "*portadora de deficiência*") as "someone incapable of independent living and work" (Brasil, 1993).

From 1993 to 2009, the view of disability in social assistance was heavily influenced by the biomedical model, which focused on the body and injury as individual disadvantages, disregarding the social context (Bizzotto, 2019). The incorporation of the social model of disability occurred with Decree No. 6.949/2009, which enacted the Convention on the Rights of Persons with Disabilities and its Optional Protocol, integrating this perspective into legislation and into the PNAS (Brasil, 2009b).

The social model breaks with the biomedical conception centered on the individual, understanding disability as the result of social barriers and systems of oppression. In this model, social exclusion does not stem from physical limitations, but from environments and contexts that fail to accommodate diversity, thereby restricting social participation on equal terms (Cunha, 2021; Bizzotto, 2019). Accordingly:

> The main premises accompanying this definition of disability posit that: disability is a situation, something that systematically occurs during social interaction; disability must be eradicated; persons with disabilities must take control of their own lives [...]. Therefore, the Social Model is essentially a political tool for interpreting reality with the aim of social transformation (França, 2013*,* p. 62).

Conceptions of disability directly influence the construction of social protection directed at this population. In the religious model, prevailing in pre-industrial society, disability was seen as punishment, miracle, or a path to redemption, associated with the image of the "deserving poor," worthy of charitable assistance. The biomedical model, in turn, focuses on the normalization of the disabled body, considered undesirable. The social model, however, views disability as a form of social inequality, emphasizing the full participation of these individuals in society (Bizzotto, 2019). These conceptions, which are in constant dispute, permeate the work of professionals in socio-assistance services for persons with disabilities, including occupational therapists, who are the focus of the next section.

The Inclusion of Occupational Therapy in Social Assistance and the Relationship With Persons With Disabilities

The 2011 NOB-RH/SUAS formalized the inclusion of occupational therapy within SUAS; however, it is important to note that the profession's participation in Brazilian social assistance has historical roots, particularly through its interface with the population with disabilities. This involvement was primarily in rehabilitation services, as part of teams in philanthropic and non-governmental institutions such as the Associations of Parents and Friends of Persons with Disabilities (*Associações de Pais e Amigos dos Excepcionais* – APAEs), Pestalozzi Societies, long-term care facilities, and others (Galheigo, 2016).

As previously noted, given the longstanding relationship between social assistance and the provision of rehabilitation services through philanthropic organizations, occupational therapy was also present on those teams. Its interventions were informed by theoretical and methodological frameworks from the health field, even when implemented within socio-assistance services.

However, in recent years, the profession has advanced its work within social assistance by developing a professional practice aligned with the principles and guidelines of Brazil's social assistance policy. With the expansion of the profession's inclusion in this social policy, there has been an increase in publications addressing professional work within SUAS. These works highlight the inclusion and contributions of the professional category to the implementation of the policy, including studies by Almeida et al. (2012), Silva et al. (2014), Perez et al. (2014), Neves & Macedo (2015), Morais & Malfitano (2016), Borba et al. (2017), Surjus (2017), Prado (2020), Oliveira & Malfitano (2021), Almeida & Soares (2023), Bardi et al. (2023), Basso et al. (2024), and Bardi & Malfitano (2024).

Additionally, some studies have focused specifically on mapping the inclusion of occupational therapists within SUAS. The first large-scale mapping was conducted by Oliveira (2020), who found, based on the 2017 SUAS Census, that 53% of occupational therapists in SUAS in Brazil were working in Day Centers (*Centros-dia*), which are socio-assistance units responsible for implementing the SPSEPDIF. Pêgo et al. (2023), in a study of this reality in the state of Minas Gerais, reached the same conclusion by analyzing data from the 2019 SUAS Census, highlighting a significant number of occupational therapists working in services for persons with disabilities and/or older people, with 69% of the therapists employed in Centros-dia.

Basso et al. (2024) mapped the inclusion of occupational therapists in SUAS in the state of Rio de Janeiro based on 2021 data and found that 71% of the professionals working in SUAS in that state were implementing the SPSEPDIF in Centros-dia, working primarily with the population with disabilities.

The mapping by Santos (2024), which accounted for occupational therapists in SUAS in the Northeast Region based on the 2022 SUAS Census, showed that 59.2% of the professionals included in the socio-assistance policy were working in Centros-dia. Silva (2024), in an analysis of the 2023 SUAS Census, reported that 98.2% of occupational therapists working in SUAS in the state of Alagoas were based in Centros-dia. It is worth noting that the most recent data from the SUAS Census indicate that 1,469 occupational therapists are working in social assistance, and that 55.6% of them are employed in Centros-dia (Brasil, 2023).

Thus, mappings conducted not only at the national level but also in various parts of the country, based on different years of SUAS Census data, show a consistent trend: the participation of occupational therapy in social assistance occurs predominantly through the development of work processes with persons with disabilities and/or older people in Centros-dia. The significant number of professionals in these units is likely related to the requirement that the profession be included in the minimum technical team for the operation of such units (Brasil, 2012). Based on this, the present study aimed to understand the work processes and critically examine the role of occupational therapists in Centros-dia of social assistance, which implement the Special Social Protection Service for Persons with Disabilities and Older People, with an emphasis on the population with disabilities.

Method

This is a qualitative study, with data produced through both documentary and field research. In the former, documents produced within and by the social assistance policy concerning work with persons with disabilities in Centros-dia were consulted; in the latter, interviews were conducted to gain insight into the daily work of occupational therapists employed in Centros-dia of the social assistance network located in the municipality of Rio de Janeiro.

Six occupational therapists were interviewed between October 2023 and April 2024, following approval of the project by the Research Ethics Committee under CAAE No. 67993523.7.0000.5504. The interviews were guided by a semi-structured script prepared by the authors, recorded, and fully transcribed. Through this technique, information was gathered regarding the construction of occupational-therapeutic work, considering how the professionals identified the demands of the individuals they assist and the objectives established to address them.

The research corpus was processed through the following procedures: exhaustive reading of the transcripts to identify central ideas; interpretation of the meaning of those ideas and their grouping; comparison and organization of these groups into broader analytical categories, around which the discussions and interpretive syntheses were structured. In this way, the analysis of the documents, combined with the empirical fieldwork of this study, was able to generate data on the work performed by occupational therapists in social assistance, capturing the predominant way the profession is engaged in this policy: through work with the population with disabilities. These results were organized into three thematic categories and are presented below.

Results and Discussion

Category 1: Misalignments in technical guidelines for implementing socio-assistance work with persons with disabilities

Centros-dia are social assistance units responsible for implementing the SPSEPDIF, and it is possible to observe that most of these units conduct this service with persons with disabilities, especially children and adolescents, while the service is directed toward older people only in a minority of cases (Brasil, 2023).

The purpose of Centros-dia is to provide specialized care to persons with disabilities, recognizing that their limitations may be exacerbated by dependency on others for care, violations of rights such as social isolation, inadequate caregiving, and caregiver stress, among other conditions that can increase dependency and compromise the autonomy and social participation of these individuals (Brasil, 2013).

It is evident that the typification of services specifically aimed at persons with disabilities establishes that social work must be operationalized toward guaranteeing rights, building autonomy, promoting social participation, and ensuring access to the goods, services, and resources needed to meet the social needs of the individuals receiving support (Brasil, 2009a).

Specifically regarding guidelines for work in Centros-dia aimed at persons with disabilities, two guiding documents produced by the Ministry of Social Development and the Fight Against Hunger were analyzed in this study: (1) Technical Guidelines on the Special Social Protection Service for People with Disabilities and their Families, offered in Day Centers: service structuring, methodologies and techniques in the service, instruments facilitating the organization of the service (*Orientações técnicas sobre o Serviço de Proteção Social Especial para Pessoas com Deficiências e suas Famílias, ofertado em Centro-dia: estruturação do serviço, metodologias e técnicas no serviço, instrumentais facilitadores da organização do serviço*), published in 2013 (Brasil, 2013); and (2) Reference Centro-dia Units: Special Social Protection Service for People with Disabilities and their Families (*Centro-dia de referência: Serviço de Proteção Social Especial para Pessoas com Deficiência e suas Famílias*), organized in a Q&A format and published in 2014 (Brasil, 2014).

These documents define the work around the development of social interaction, the strengthening of family, social, and group bonds, and the improvement of personal care. They also emphasize that one of the primary roles of these units is to act as coordinators of the intersectoral network, ensuring that individuals can access all the social policies they require, particularly in the health sector, so that they can receive healthcare, habilitation and rehabilitation services, orthoses and prostheses, among others (Brasil, 2013; Brasil, 2014). The focus of the work should not, therefore, be therapeutic or educational, as social assistance is the policy responsible for addressing the issue of social protection for persons with disabilities, respecting the necessary cross- and inter-sectorality (Basso et al., 2024).

Some contradictions can be noted within this set of technical guidelines. Both documents approach disability through the lens of the International Classification of Functioning, Disability and Health (ICF) and the Convention on the Rights of Persons with Disabilities (CRPD), which address disability in complementary but distinct ways.

The ICF is a classification focused on functionality, assessed in various contexts, and based on a biopsychosocial model. It understands disability as an interaction between an individual's health condition and environmental and personal factors, recognizing that disability is not solely a medical issue but also a social one. It considers aspects such as social participation, interaction with the environment, and personal factors in evaluating disability (Organização Mundial da Saúde, 2001). However, despite offering a multidimensional understanding of disability, its focus on functionality matches more closely with the rehabilitation field.

The CRPD, in contrast, is a treaty that emphasizes the rights and dignity of persons with disabilities, adopting a human rights focus. It aims to ensure that persons with disabilities have equal access to opportunities and full respect for their fundamental rights. To this end, it is based on the social model of disability (Dhandá, 2008). Thus, work grounded in this perspective is more aligned with promoting inclusion and accessibility and with implementing policies to eliminate barriers and protect the rights of persons with disabilities.

In both technical documents, a conception of disability aligned with the CRPD is asserted, while the work guidelines are constructed based on the ICF. Although the ICF incorporates a social dimension in understanding disability, it proposes technical action focused on functionality and the development of independence. This creates contradictions for workers, especially for those whose professional education includes both rehabilitation and socio-assistance domains, such as occupational therapists.

For instance, both documents state that Centros-dia should offer personal care and support for performing essential and instrumental activities of daily living to promote independence (Brasil, 2013; Brasil, 2014). In occupational therapy, the discussion of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) is central in both the Model of Human Occupation and the Canadian Model of Occupational Performance, which are key frameworks in the rehabilitation field. This reveals a contradiction in the very documents that guide work in Centros-dia: at times they discuss the rights and social protection of persons with disabilities, and at other times they direct practice toward fostering independence and functionality.

The empirical findings of this study pointed to these contradictions. The analysis of six interviews with occupational therapists working in Centros-dia enabled an exploration and reflection on the professionals' work processes in these units, where a shared understanding of the role of the professional category emerged, linked to a particular conception of socio-assistance work and the perceived function of the profession in its implementation.

Furthermore, the professionals' discourse also revealed the confusion and contradictions surrounding the relationship between social assistance and persons with disabilities, indicating a misalignment between the two. Consequently, this has direct implications for thinking about the work of occupational therapists within SUAS.

Category 2: Misalignments in the work processes of occupational therapists in Centros-dia: building autonomy as a possible path

As previously mentioned, occupational therapy is a mandatory profession within the minimum team composition of Centros-dia (Brasil, 2013). This requirement in socio-assistance units that predominantly serve persons with disabilities reflects the historical and traditional relationship the profession has with this population. Since the early development and professionalization of occupational therapy in Brazil, it has focused on designing interventions for persons with disabilities, although in the rehabilitation field with an emphasis on promoting functionality and independence in this population (Galheigo, 2016).

This historical relationship seems to influence the way current work processes are constructed, as the occupational therapists interviewed still appear aligned with a rehabilitation-oriented approach, whether physical or cognitive, based on the idea that the role, or even the specificity, of occupational therapy in this context is to focus on functionality and independence. This can be seen in the following statements:

> *I follow the rhythm of rehabilitation. The cognitive part, perception* (Occupational therapist from Centro-dia 1).
>
> *My strength has always been working on functionality. With the cognitive games, I used to work that functionality aspect*
> (Occupational therapist from Centro-dia 2).
>
> *I work a lot on the performance of ADLs, practical life activities, and all that* (Occupational therapist from Centro-dia 3).
>
> *Among the roles, the responsibilities of the occupational therapist: ADLs, support with outside activities, personal care. Work focused on autonomy through those ADLs* (Occupational therapist from Centro-dia 6).

The topic of socio-assistance work within SUAS involving persons with disabilities, older people, and their families has been little explored in occupational therapy literature. Oliveira (2020) reflects that, if professionals are not familiar with the legal, theoretical-methodological, historical, and contemporary debates in the field of social assistance, they tend to interpret needs and, consequently, construct actions still based on frameworks from the health field, especially traditional and hegemonic physical rehabilitation approaches in professional education.

This study showed that the social assistance policy itself creates contradictions in how technical work with persons with disabilities is conceived, given the strong interface with health-related demands. Consequently, it raises the question of how these contradictions present challenges for occupational therapists to construct a form of social work aligned with the principles of social assistance. Through this debate, we believe it is possible to deepen the analyses developed thus far, which tend to place the burden of these difficulties and challenges primarily on the professionals themselves when it comes to integrating into this social policy.

It was found that the PNAS adopts a social conception of persons with disabilities, which holds that, before the condition of disability, the most important aspect is the person as a rights-bearing subject, capable of participating, on equal terms and with autonomy, in processes of decision-making in social and political life. Thus, disabilities are understood as just one more characteristic of human diversity (Brasil, 2013).

However, beyond the conceptions of disability used in policy and service development for this population, an analysis of the technical guidelines that define the most practical and everyday aspects of professional work shows that, at times, these guidelines call on the professional body to apply knowledge drawn from the rehabilitation field.

The technical guidelines for work in Centros-dia establish that professional actions must be developed in an interdisciplinary manner, through an Individual or Family Care Plan (*Plano de Atendimento Individual ou Familiar* – PAIF) (Brasil, 2013). In that document, the role of occupational therapists includes, for instance, support with mobility, by assessing the movements required for locomotion, analyzing accessibility conditions, providing training in money handling, and guiding the use of orthoses and prostheses, among other responsibilities (Brasil, 2013).

These professional actions involve both theoretical and practical tools from the rehabilitation field and are directed toward the individuals' functionality. In that sense, the occupational therapists interviewed in this study appear to be performing work that aligns with the provisions in these guidelines, as shown in the following statements:

> *That light (traffic light) downstairs in the OT room, I'm on the street alone, I'm going to cross, did the car stop or not? It's green. First, we work on colors, right? Green, yellow, red. What's the use of that color? The door, that ADL board we usually use, let's build a door, with several locks, for training* (Occupational therapist from Centro-dia 2).

> *A person with intellectual disability. Do they know the schedule? Do they understand self-care? Are they aware of danger? Then we work on that, we train* (Occupational therapist from Centro-dia 3).

> *Let's adapt this house. Look at lunch time. Let's adapt bathing, adapt the bathroom.* (Occupational therapist from Centro-dia 1).

However, this study aims to argue that the profession's contributions to building Special Social Protection within SUAS—particularly at the medium complexity level with persons with disabilities—lie in constructing actions that ensure access to users' social rights and in creating and strengthening social bonds and support networks. Occupational therapy is understood as capable of contributing to work processes that promote autonomy, not as an individual trait linked to independence, but as the ability of individuals to exercise agency, govern themselves, and make decisions about their own lives.

It was observed that the occupational therapists interviewed seldom addressed the specific debate on autonomy in their reflections on their work processes. The analysis of the interviews revealed shifting understandings of autonomy, ranging from a more functionalist view:

> *Some have more autonomy, they come and go on their own, but others don't. I was an OT who aimed to work on autonomy. We would go to the market, work with play money to promote financial autonomy*
> (Occupational therapist from Centro-dia 2)

> *The more autonomy you can give that user, the less the family will be involved in care. [We work on] rehabilitation that is still focused on achieving autonomy.* (Occupational therapist from Centro-dia 6).

To a perspective that distinguishes autonomy from independence:

> *Families arrive saying that he has to do things on his own, and the neurologist said the most important thing is that he must attend occupational therapy. But then the focus is on independence, not autonomy and social participation, and that's not what I do* (Occupational therapist from Centro-dia 4).

The notion of autonomy also appeared in its most common, generic form, stated as one of the objectives of working with this population, but in an undifferentiated way, as illustrated in the following statements:

> *I always tried to work on their autonomy, giving guidance to caregivers and family members.*
> (Occupational therapist from Centro-dia 2).
>
> *The goal within OT is to promote autonomy and improve the quality of life of the person with a disability.*
> (Occupational therapist from Centro-dia 6).

A consistent theme in the technical guidelines for implementing socio-assistance work in Centros-dia is the emphasis on actions that promote autonomy and social participation, showing that these are elements that cut across work with persons with disabilities (Brasil, 2013). However, the analysis of these documents reveals that there is no comprehensive discussion or well-developed definition of autonomy. In some sections, autonomy appears tied to the idea of independence, as in the use of assistive technologies or when contrasted with dependency. In others, it evokes the notion of agency and the possibility of making choices, especially when the discussion is more aligned with the social model of disability.

Thus, this study highlights the need to critically examine and better qualify the notion of autonomy referred to when conceptualizing socio-assistance work, especially with persons with disabilities. This need arises because, in contexts of vulnerability, the possibility of autonomous decision-making may be compromised, rendering the concept illusory, since social and economic conditions restrict individuals' choices.

Moreover, structuring work around the development of autonomy from an individual-centered perspective—one that is decontextualized and dehistoricized—may lead to individualizing interventions focused on evaluations and procedures, disconnected from the historical commitment that social assistance has made to the advancement of citizenship (Mauriel, 2010).

In occupational therapy, autonomy and social participation are common terms and serve as both a goal of professional action and an ethical principle (Gontijo & Santiago, 2020). However, based on the statements made by the occupational therapists in this study and on the social assistance documents, it is evident that these terms are often used in generic ways. Within the profession, their meanings and interpretations vary depending on the field in which professional practice occurs.

In mental health, for example, the profession adopts the same conceptions of autonomy found in the framework of Psychosocial Rehabilitation, which refers to the ability of a person with lived experience of psychological suffering to function independently in different social contexts, as a citizen, and to construct a path toward social reintegration (Almeida & Trevisan, 2011; Paranhos-Passos & Aires, 2013).

In physical rehabilitation, the profession commonly works with the notion of autonomy on which the ICF is based, understanding it as the individual's ability to act according to their choices and desires, while accounting for their limitations and capacities (Organização Mundial da Saúde, 2001).

In the social field of occupational therapy, a notion of autonomy has been constructed in dialogue with struggles against oppression, grounded in professional actions oriented toward freedom (Cunha et al., 2024; Farias & Lopes, 2022). Furthermore, Gontijo & Santiago (2020) point out that it is within the social field of the profession that greater critical reflection on the concept of autonomy has been produced. Malfitano et al. (2023) discuss, through the interweaving of the concepts of emancipation and autonomy, how both are commonly understood as core aims of occupational therapy practice.

According to these authors, the development of autonomy is a condition for promoting individuals' emancipatory processes, since emancipation requires the ability to reestablish oneself as an autonomous subject capable of acting intentionally toward social transformation, based on a critical reflection on one's social context and condition. They further emphasize the

> […] importance of occupational therapists engaging in emancipatory practices that aim to build, together with others, opportunities for knowledge, productivity, and recognition directed at processes of both individual and social autonomy (Malfitano et al., 2023, p. 112).

Considering this line of thinking, it seems pertinent to explore, based on the discourse of the occupational therapists interviewed, what might be understood as the production of autonomy in constructing work processes with persons with disabilities in the social assistance field, beyond what they explicitly labeled as autonomy. The aim is to identify whether there are any connections with the perspective of autonomy developed specifically in the social field of the profession. In doing so, the goal is to point to paths and possibilities for understanding autonomy in socio-assistance work.

> *The goal was to make these people's lives as accessible as possible, and that they could have a life, a social life. That the child could participate. We had capoeira; they had capoeira classes, including people from outside. Then we had painting classes for the older ones, carnival parties, we'd form a carnival group. I really liked the work because it was always in groups. It was never that individual kind of thing* (Occupational therapist from Centro-dia 5).

> *We were based in the community. People would seek us out... Not only did we go to their homes, but we also had community meetings, which were groups with the families. We provide group services with a focus more on socialization and inclusion. There was one child with a severe condition, an autistic child, around five years old. He couldn't attend birthday parties, couldn't stay around anyone at a party, didn't interact with other children. But once he began attending groups, now he can go to birthday parties and be with other children. So, the model that the group provides, he's able to apply that in his life, you know?* (Occupational therapist from Centro-dia 4).

> *They have the same rights we do, to date, to have sex, to live. Even if it's a life assisted by others, they still have a right to life, right? A full life, just like we have. That brings happiness, doesn't it?*
> (Occupational therapist from Centro-dia 2).

These statements by three occupational therapists invite reflection on the possibilities for producing autonomy in work with persons with disabilities within SUAS. The analysis of experience reports in the literature on this topic shows that the production of autonomy is closely associated with the creation of group settings in which individuals can think critically and reflect on their lives. Neves et al. (2023) emphasize the importance of such spaces for fostering protagonism and autonomy, as they enable affective exchanges, critical reflection, and the development of potentialities. Basso et al. (2024) state that, within the body of work conducted in a Centro-dia, group activities were predominant and showed the greatest potential to achieve the objectives of socio-assistance work with the population with disabilities, since they enable the sharing of experiences, critical reflection on life, and collective construction of change processes.

Thus, the centrality of group-based work is evident: work aimed at expanding possibilities and diversifying forms of social life, so that people may live, and that their lives may include happiness. To some extent, the occupational therapists participate in the construction of autonomy through a perspective that seeks to transform the reality of those they assist. However, this work also blends with a practice oriented toward individuals' functional capacities in life, a more pragmatic and behavioral approach, as previously observed in earlier statements and as seen in the following excerpt:

> *We're thinking about including this child in the community. The way we work is like this: guiding the mother on how to walk with the child down the street, how to get on the bus, how to walk in public, so she doesn't have to be pulling him along. And that behavior being the reason why she doesn't even go out with him. So we work on that behavior, how he's going to walk, right? How are you going to hold him? How much strength should you apply to the hand that's holding his, so that you can walk with him more easily through the neighborhood and access places. We're thinking about a library, right? Everyone is going to the library, they'll have access to Rio's cultural spaces. And the families saying, "Wow, I didn't think I'd be able to go out with him." We organized a Christmas activity at a shopping mall, and the mother said, "Wow, I didn't think I'd be able to go to the mall with him."*
> (Occupational therapist from Centro-dia 4).

This statement prompts reflection on the importance of creating diverse spaces for social engagement to prevent social isolation. It also suggests the promotion of autonomy. However, it also reveals how occupational-therapeutic work can sometimes focus on behavioral dimensions as a condition for occupying public spaces, rather than questioning the limitations of access to those spaces.

Thus, in this study, it was possible to observe a back-and-forth movement in the construction of work processes, sometimes oriented toward the production of individuals' emancipation or autonomy (even when not explicitly named as such), and at other times oriented toward the ability to perform activities independently and functionally.

The qualitative leap necessary in the construction of this work lies in the intentionality of promoting emancipation and autonomy, in conducting professional actions that contribute to the struggle against oppression, and in the recognition that this work is part of the occupational therapist's role and belongs to the social field of the profession.

Category 3: Misalignments between professional identity and occupational-therapeutic work in the socio-assistance field

Another dimension identified in the empirical field of this study was the understanding that occupational therapists working in Centros-dia have about socio-assistance work, particularly regarding the roles and responsibilities of occupational therapy and of other professions, especially social work. It became clear from the discourse of all the professionals interviewed that, at times, the work performed in the day-to-day of the services is not recognized as falling within the scope of the profession, as illustrated by the following statements:

> *You do the home visit, provide guidance, bring the person to the facility, work with the family. Then I thought, wait a second, am I doing social work? I strip myself of being an occupational therapist to be a social worker* (Occupational therapist from Centro-dia 1).
>
> *Sometimes, when the social interview comes up and there's no social worker or psychologist, I go and do it. [...] When there's a party, I write my report showing the work on auditory processing, tactile stimuli, because you hug, sweat, dance, work on body awareness, food selectivity, and tolerance toward others. It's not just a party; it's occupational therapy work* (Occupational therapist from Centro-dia 2)
>
> *I used a lot of Bobath and Kabat neurology, some sensory integration, because I've always been an occupational therapist. I'm not going to stop being one* (Occupational therapist from Centro-dia 3).
>
> *I didn't focus much on what was or wasn't occupational therapy. I took on more of that area when, for instance, we had to do a visit and make adaptations at home, you know? Then I focused on OT—adaptations, thinking about how the person would get around more easily inside their house. When it was about functionality* (Occupational therapist from Centro-dia 4).
>
> *The social worker had to go along because the [user] didn't know how to sign her name. So she had to go with her to the bank, had to act like a mom, pick her up and take her. And we had to do home visits every week, so on the days the social worker couldn't go, I'd stop by to check in, do the visit. [But] there were other cases: we'd provide guidance on nutrition, go to people's homes, each with their own perspective, because I'm still an occupational therapist, and my colleague is still a speech therapist, right?* (Occupational therapist from Centro-dia 5).
>
> *There's a lot of empowerment of the social worker and social work as the holder of the knowledge about this policy. Because the social worker is the professional of this policy, right? [...] They're able to guide both occupational therapy and psychology into the social field* (Occupational therapist from Centro-dia 6).

These statements raise two distinct yet complementary discussions: one concerns what it means to be an occupational therapist more broadly, and the other refers to how social work professionals have been positioned as holders of knowledge about social assistance.

Martinelli (2013) notes that a profession is a dynamic social construction that changes as the social conditions that enabled its development evolve. Professional identities, in turn, are not fixed but are constructed through a complex interplay of social forces. Thus, professional identity involves the understanding of the social role and the functions attributed to a given profession. Martinelli defines two dimensions that shape professional identities: (1) constructed identities, understood as dialectical syntheses between the ways professions exist and appear socially; and (2) assigned identities, understood as those that originate in external circuits beyond the profession itself (Martinelli, 2013).

In occupational therapy, few studies have addressed professional identity. Two tendencies can be identified: one adopts an individualized perspective on functionality and a universalized, abstract notion of subjectivity, framing issues as disorders or personal problems; the other understands professional practices as contextually and collectively situated (Galheigo, 2014).

From the statements of the professionals interviewed, being an occupational therapist appears to be associated with activities such as assessing and training ADLs and IADLs, stimulating cognitive and sensory functions linked to human development, applying assessments and protocols, and adapting environments.

This constructed identity seems to be more aligned with an individualized understanding of the profession and less with a conception of occupational-therapeutic practices as situated and collective. When such collective actions are mentioned, the professionals often suggest that they are “no longer acting as occupational therapists” or that “it’s social work’s responsibility.”

According to Bezerra (2023), since its introduction in Brazil in the 1930s, the development of the social work profession has been tied to the expansion of social assistance institutions, establishing this field as a significant area of practice. Moreover, because social work’s professionalization process is linked to this policy, and because the field has played a prominent political role in the struggle for socio-assistance rights, it is the only profession that is mandatory across all services provided by SUAS (Bezerra, 2023; Brasil, 2006). As a result, the profession is attributed with an identity as the bearer of social assistance knowledge and as inherently suited to socio-assistance services.

The debate on professional work in SUAS reveals a blurring of the distinct responsibilities of each profession within service delivery. It also shows that even the historical association of social work with this policy does not automatically define what would objectively constitute its technical responsibilities in this field.

Bezerra (2023), in interviews with occupational therapists working in CRAS, finds that they encounter challenges in their daily work because of a lack of knowledge about the possibilities for practice beyond the health sector. The present study reveals that both the constructed identity and the assigned identity of occupational therapists—as inherited from rehabilitation within the health sector—grant them a privileged position within Centro-dia teams. However, this inclusion occurs without a proper definition or adaptation of their work to socio-assistance parameters. The following statements illustrate this point:

> *There's a strong awareness of what the occupational therapist's role is, not just in supporting the user with rehabilitation. [...] They recognize how the occupational therapist does work related to autonomy, external activities, and ADLs and IADLs in the person's home* (Occupational therapist from Centro-dia 6)
>
> *With autism, for example, we only serve level 1 and level 2, we don't serve level 3, which is the most severe. And the social worker is unsure, doesn't have that perspective. [...] So sometimes I join the interview to help out. They call in OT to do the evaluation* (Occupational therapist from Centro-dia 2).
>
> *Centros-dia focus on basic tasks: support with self-care activities like getting dressed, eating, personal hygiene, and mobility. That's why the service was designed with occupational therapists in mind, because we talk about basic activities, instrumental dimensions, and how to live as independently as possible* (Occupational therapist from Centro-dia 3).

Basso et al. (2024) demonstrated that occupational therapists have trouble breaking away from clinical perspectives when providing support to persons with disabilities within SUAS. The reflection proposed in this study is that this challenge does not lie solely with the professional category; rather, the policy hinders the construction of work that is not linked to rehabilitation when dealing with this population, as evidenced by the analysis of the technical guidance documents (Brasil, 2013; Brasil, 2014).

As previously shown, the technical guidance documents are based largely on the ICF, which, although it incorporates the social dimension of disability, is a classification system that focuses its action on domains related to body functions and structures, activities, and participation (Organização Mundial da Saúde, 2001). Accordingly, when there is a problem with body structures or functions, it is labeled a "disability"; when the problem concerns performing activities, it is termed a "limitation in activities"; and when the issue involves participation, it is described as a "restriction in participation." This indicates a focus on the individual and their functional impairments.

Since the central thread of this discussion is the assertion that the problems in occupational therapists' practices with persons with disabilities in SUAS do not arise solely from a difficulty in detaching from clinical work, it is necessary to address the issue of what habilitation and rehabilitation mean in the context of social assistance.

The Federal Constitution refers to habilitation and rehabilitation within the framework of social assistance, stating that one of the objectives of this policy is "the habilitation and rehabilitation of persons with disabilities and the promotion of their integration into community life" (Brasil, 1988, p. 114). However, assigning habilitation and rehabilitation to the field of social assistance may lead to confusion about the boundaries of responsibility between social assistance and the health sector.

The PNAS outlines the perspective on habilitation and rehabilitation that should guide socio-assistance work:

> The habilitation and rehabilitation of persons with disabilities and the promotion of their inclusion in community life within the field of social assistance (SUAS) reaffirms that social assistance is the policy responsible for

> addressing the issue of social protection of these persons, while respecting the necessary cross-and inter-sectorality (Brasil, 2013, p. 25).

It is understood that PNAS directs professional action toward social protection, since habilitation and rehabilitation, when referenced in the health sector, are associated with notions of dependence and independence, thereby linking them to a functional perspective of individuals. Resolution No. 34 of the CNAS, from 28 November 2011, defines that:

> Habilitation and rehabilitation of persons with disabilities and the promotion of their inclusion in community life is a process that involves a coordinated set of actions from various policies to address the barriers posed by disability and the environment. It is the role of social assistance to provide services that promote the strengthening of family and community bonds, as well as autonomy, independence, safety, access to rights, and full and effective participation in society (Brasil, 2011b, p. 3).

Therefore, the documents of the social assistance field clarify the responsibilities of this sector within a broad conception of habilitation and rehabilitation. This conception does not involve conducting actions or using methodologies rooted in clinical frameworks but rather seeking responses and support for these issues from other services and sectors.

What this study seeks to problematize is that the technical guidance documents, to some extent, justify the performance of actions focused on the functionality of persons with disabilities, thereby generating contradictions within services. This reveals a broader contradiction within the very structure of the social assistance policy, affecting all professionals who operate within it.

Final Considerations

It is essential to discuss the work of occupational therapists with persons with disabilities within SUAS, given that this is the population with whom the profession has primarily constructed its work processes in the social assistance sector. This study showed that professionals tend to operationalize occupational-therapeutic interventions aligned with practices rooted in the rehabilitation field, which has traditionally shaped the profession's work with persons with disabilities.

However, this research advances the debate by demonstrating—through the analysis of guiding documents for socio-assistance work with persons with disabilities—that occupational therapists are called upon to conduct interventions shaped by a logic of functionality and rehabilitation, to the detriment of socio-assistance work oriented toward social protection. This dynamic characterizes what, in this study, was termed a (mis)alignment between social assistance policy and occupational-therapeutic work in this area of public policy.

The findings suggest that when working with populations whose needs intersect significantly with health-related issues, professionals not only tend to interpret these needs through the lens of the health sector, but the policy (along with its technical guidelines) also adheres to this logic, thereby reinforcing a biologizing view of disability, which remains hegemonic in society.

We argue that the work of occupational therapists in SUAS requires a theoretical-methodological alignment with the principles underpinning Brazilian social assistance.

Given this context, we advocate that the education of occupational therapists be informed by the frameworks of Social Occupational Therapy. This field directs its action toward individuals whose socioeconomic conditions impose barriers to social participation in their everyday lives; it rejects individualizing interpretations and interventions, while still engaging at the individual level; it proposes social resources and technologies that address both individual and collective dimensions; it defines professional action as distinct from health–illness processes; it affirms the inseparability of the technical, ethical, and political dimensions of professional practice; and it draws on theoretical references shared with other professions active in this sector, particularly social work and psychology (Basso et al., 2024).

Nevertheless, based on this study, we also call for the continual revision of the parameters attributed by social assistance policy to occupational therapists. Professionals cannot be solely held responsible for work that ends up assuming a more rehabilitative or curative character, especially when this logic is demanded by the policy, by their colleagues, and by the families of those they assist.

Furthermore, it is necessary to consider the national context, in which policies and services—under the influence of what Fraser (2024) describes as cannibal capitalism—have been progressively dismantling existing social protections, overburdening the remaining professionals and assigning them an increasing number of tasks under the guise of so-called “flexibility.”

In this regard, it becomes essential to deepen our understanding and to continually review the roles and responsibilities of each professional category, so that the encounter with the populations we assist may truly promote greater autonomy and social participation.

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Author's Contributions

Ana Carolina de Souza Basso: production, analysis and discussion of data and writing of the manuscript. Waldez Cavalcante Bezerra: construction of the debate on the historical relationship between social assistance and the population with disabilities. Patrícia Leme de Oliveira Borba: research guidance and discussion, review and writing of the manuscript. All authors approved the final version of the text.

Data Availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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